

Name
in
Full

Alma Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

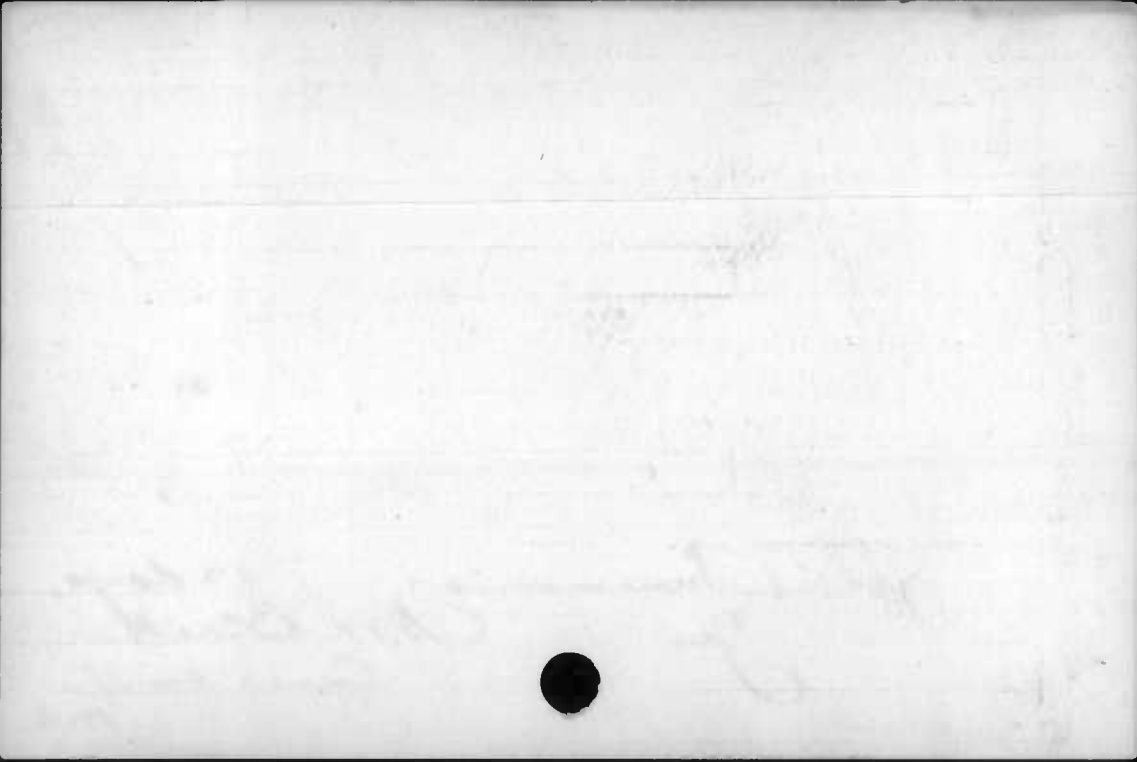
Died at <i>Perryville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>12</i>	Age <i>1</i> Years	Months <i>1</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Perryville Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Amos Barrett</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Florence Barriker</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Amos Barrett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	<i>measles</i>	How long	<i>10 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. M. Stamp</i>
		Address	<i>Perryville Md</i>
Accident or Suicide?			



Name
in
Full

Albert Henry Battusbor

CERTIFICATE OF DEATH

Died at ^{Town} *Plumprake City* ^{County} *Prase*

MARYLAND

Date of death 190 ^{Month} *9 April* ^{Day} *9th* Age ^{Years} *3* Months *3 times*Sex *Male* Color or Race *White* Birth-place *Plumprake City, Md*

Occupation _____ Where Residing if not at place of death _____

~~Married, Single~~
~~Widowed~~Name of Wife or
Husband _____Father's Name *Albert Battusbor* Father's Birthplace *Md.*Mother's Maiden Name *Margaret Wharton* Mother's Birthplace *Md.*Name of person giving Information *Albert Battusbor* How related to deceased *Father*

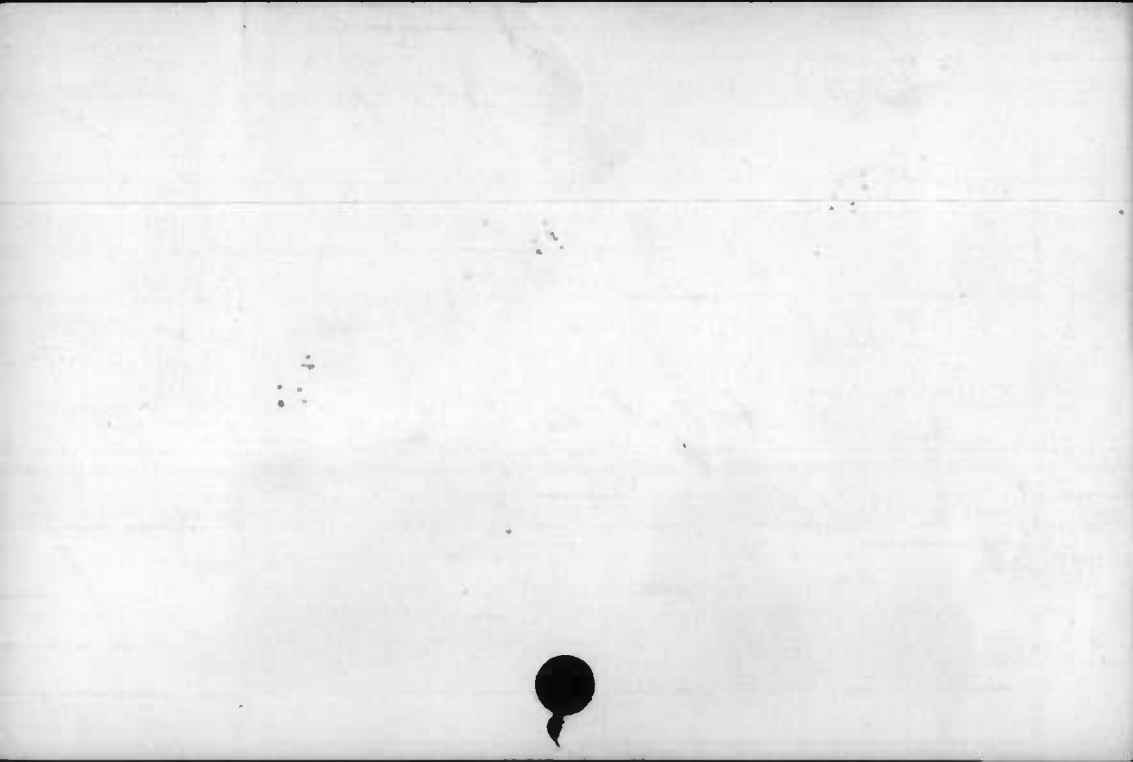
CAUSES OF DEATH

152

Primary *Coronary Insufficiency* How long *3 hrs.*Immediate *Aseptic Mononucleosis* How long *2 hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Elmer G. Law, M.D.*Address *Plumprake City - Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

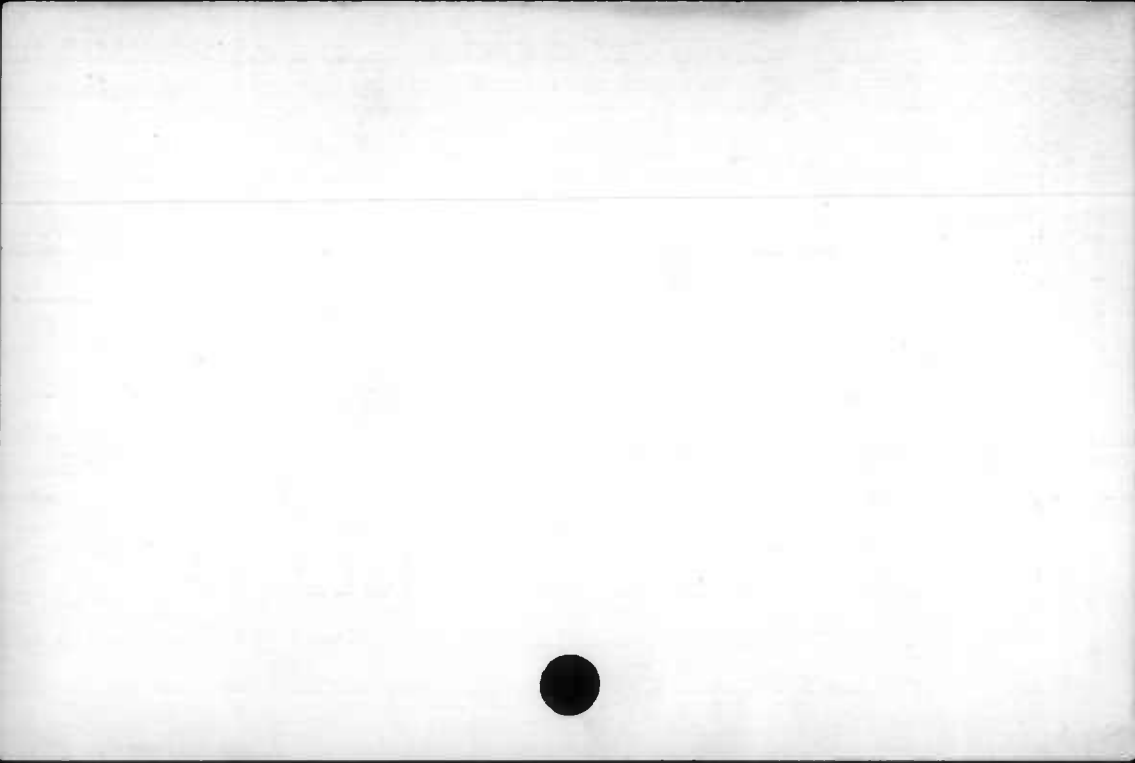
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		7	6	28		6	
Sex	male	Color or Race	Colored	Birthplace	Ceil Co., Ind		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Perry F. Boyer			Father's Birthplace			
Mother's Maiden Name	Sarah M. Crawford			Mother's Birthplace			
Name of person giving Information	Perry F. Boyer			How related to deceased			
			Father				

CAUSES OF DEATH

93

Primary	Lobar Pneumonia	How long
Immediate	Typhoid Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	12 days.
Signature of Physician	A. M. Black	
Address	Ceil Co., Ind	
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

April

20

Age

50

Sex

Male

Color or
Race

Caucasian

Birth-
place

Cokeberry, Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Gabriel Clark

Father's
Birthplace

Cokeberry, Md

Mother's
Maiden Name

Sara Bachman

Mother's
Birthplace

Cokeberry, Md

Name of person giving
Information

Sara Clark

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Septicemia

How long

24 hours

Immediate

—

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. A. Hild

Address

Cokeberry, Md

PHYSICIAN
OR CORONER

Accident or Suicide

Orkney

Name
in
Full

Ross Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

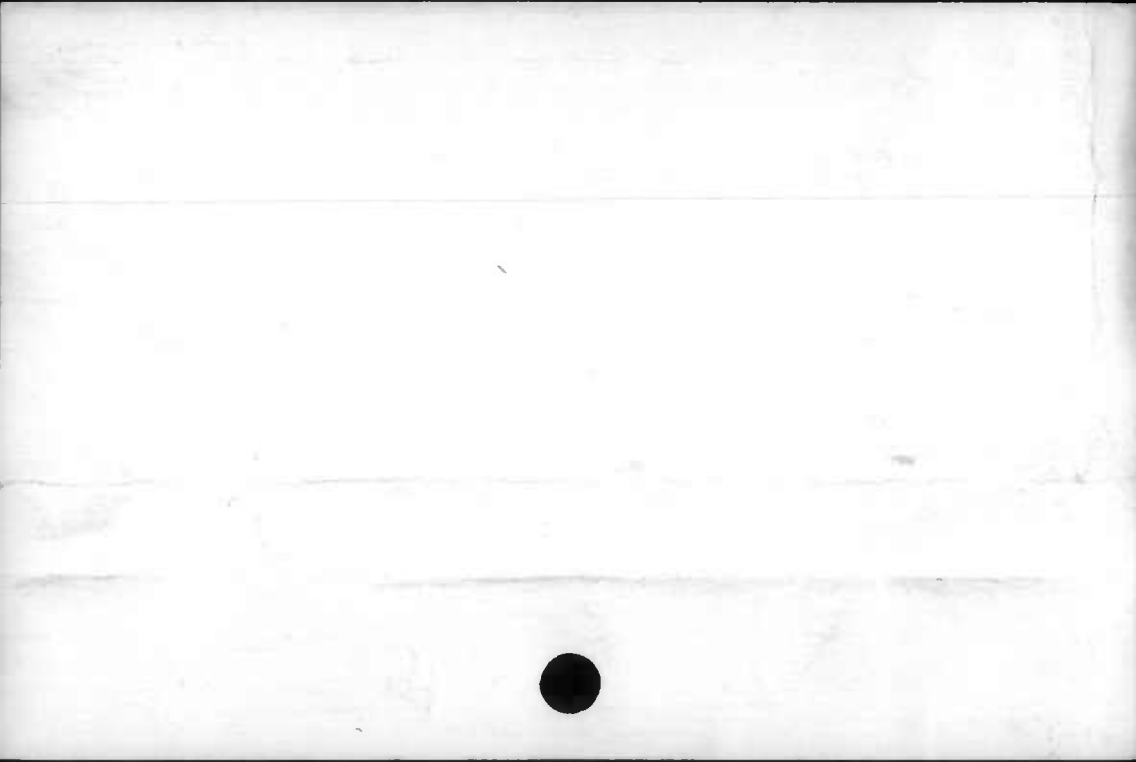
Died <input checked="" type="checkbox"/> near <i>Sylmar</i>		Town <i>Sylmar</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1909		Month <i>Apr.</i>	Day <i>3</i>	Age <i>3</i>	Months <i>6</i>	Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Gion Md.</i>			
Occupation <i>No.</i>		Where Residing if not at place of death <i>Near Sylmar</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>No</i>					
Father's Name <i>Eli Cole</i>		Father's Birthplace <i>Cecil Co. Md.</i>					
Mother's Maiden Name <i>Mary Josephine Brock</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving Information <i>Mary Josephine Brock</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Malaria</i>	How long	<i>5 months</i>
Immediate	<i>do</i>	How long	<i>do</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Richardson</i>	
		Address <i>Rising Sun Md.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. B. Derr</i>		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Perryville</i>		<i>1909 4-22</i>		<i>63-</i>		<i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Pa</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Perryville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rachel M. Derr</i>					
Father's Name <i>Isaac Derr</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Beare</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Frank Peters</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion (Gastralgia)</i>		How long <i>Few hours</i>	
Immediate <i>Angina Pectoris</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. G. Taylor</i>	
		Address <i>Perryville, Md.</i>	
Accident or Suicide? <i>—</i>			

J. O. Cunningham Esq

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

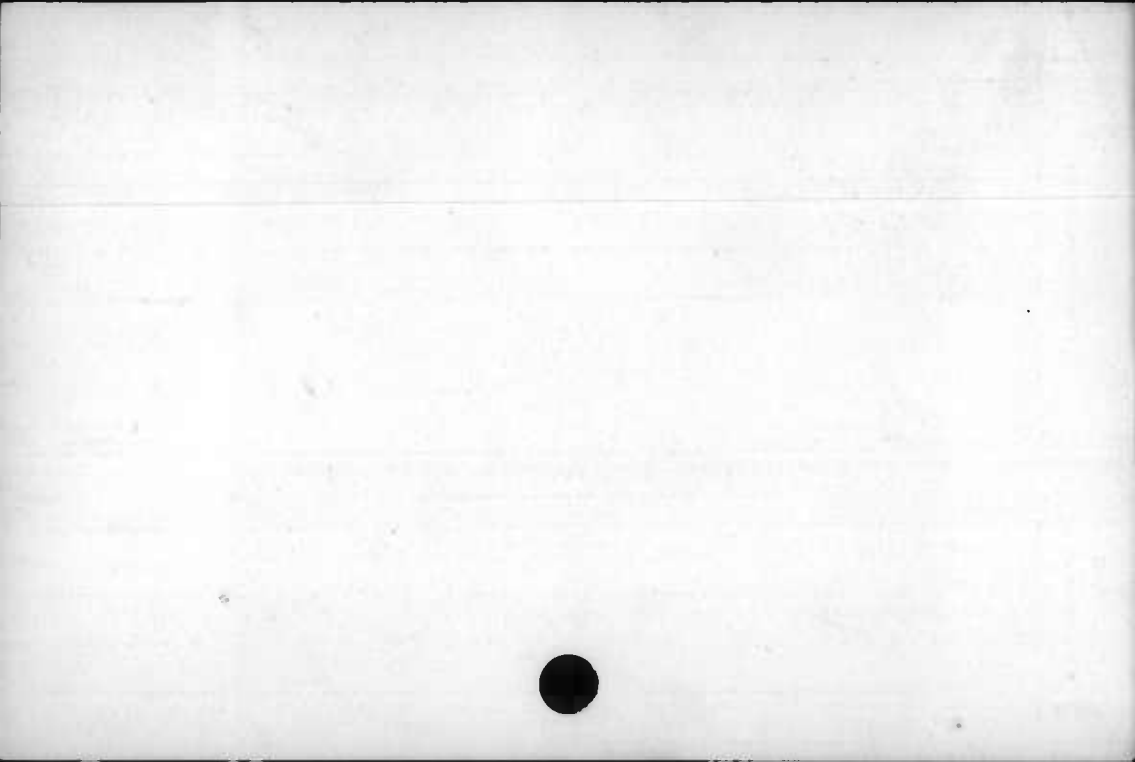
Name in Full		Annie Devonshire		County Cecil		MARYLAND	
Died at		Near Perryville		Town			
Date of death		1909		Month 4		Day 7	
Age		88		Years		Months	
Sex		Female		Color or Race		White	
Birth-place		Cecil Co Md		Occupation		Housewife	
Where Residing if not at place of death				Married, Single or Widowed		Married	
Name of Wife or Husband		Wilmer Devonshire		Father's Name		Washington Hason	
Father's Birthplace		Cecil Co		Mother's Maiden Name		Mary R Whitaker	
Mother's Birthplace		"		Name of person giving information		Wilmer Devonshire	
How related to deceased		Husband					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		Bright's disease		How long		9 years	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Geo. W. Hump	
				Address		Perryville W. 3.	
Accident or Suicide?							



Name
in
Full

William M Durgin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

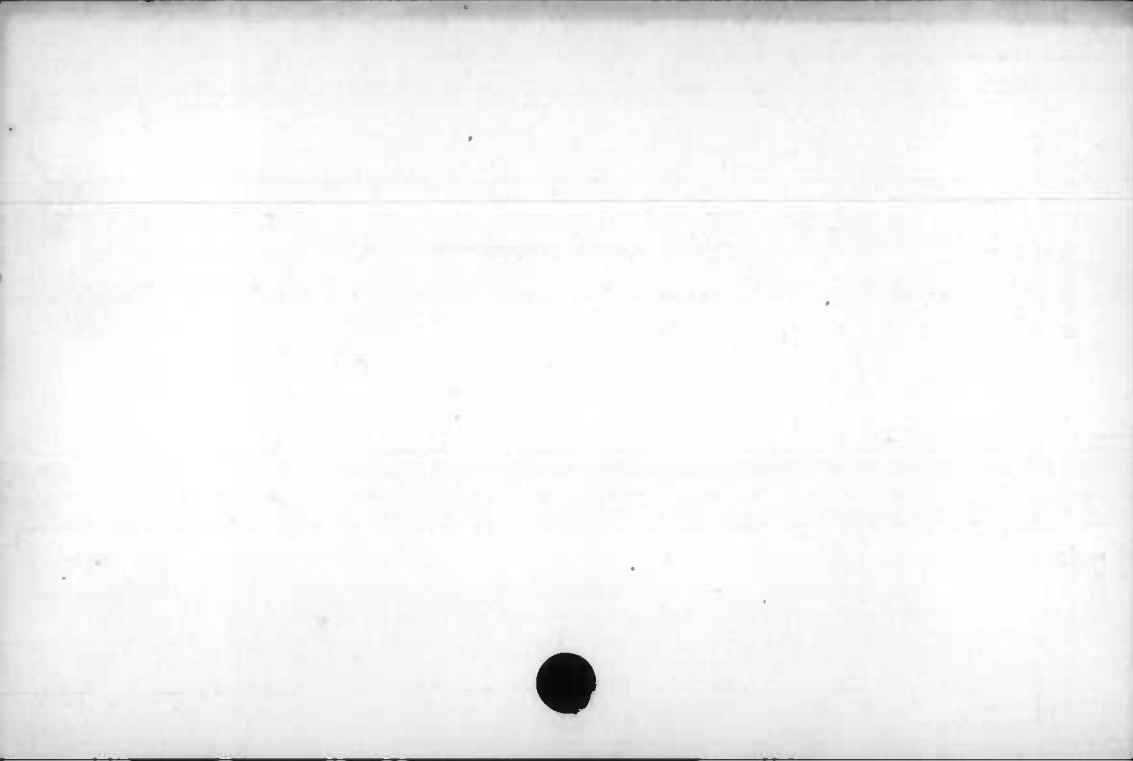
Died at <i>Port-Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>4</i> ^{Month}	<i>15</i> ^{Day}	<i>69</i> ^{Years}	<i>-</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>Stone cutter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Sarah Durgin</i>			
Father's Name	<i>Warren Durgin</i>			Father's Birthplace	<i>New Hampshire</i>
Mother's Maiden Name	<i>Elija Knorrill</i>			Mother's Birthplace	" "
Name of person giving information	<i>Sarah Durgin</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>4 yrs</i>
Immediate	<i>Transition</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. T. Brown</i>	
		Address	
		<i>Port Deposit</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

Mary Ann Everitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Near Union		Cecil		Maryland			
Date of death	1909	Month	April	Day	13	Age	Years 7.3
Sex		Female		Color or Race		White	
Occupation		House wife		Birth-place		Penna.	
Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Husband		John Everitt	
Father's Name		Thos. H. Vanpelt		Father's Birthplace		Penna.	
Mother's Maiden Name		Alice Campbell		Mother's Birthplace		Penna.	
Name of person giving information		Mrs James Miller		How related to deceased		Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Opportunity	How long	24 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			

233



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Falls* Town *Port Deposit* County *Cecil*

Died at *Port Deposit* *Cecil* MARYLAND

Date of death 1909 Month *4* Day *17* Age *67* Years Months Days

Sex *male* Color or Race *white* Birth-place *Ireland*

Occupation *Store Keeper* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Mary Falls*

Father's Name *Hugh Falls* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret J. Kane* Mother's Birthplace *"*

Name of person giving information *Mary Falls* How related to deceased *wife*

CAUSES OF DEATH

Primary *Chronic Brights*

Immediate *Heart Failure*

Are the name, age, sex, color, date and place correctly given above?

Yes

No

Signature of Physician

Address



Accident or Suicide

120

How long

How long

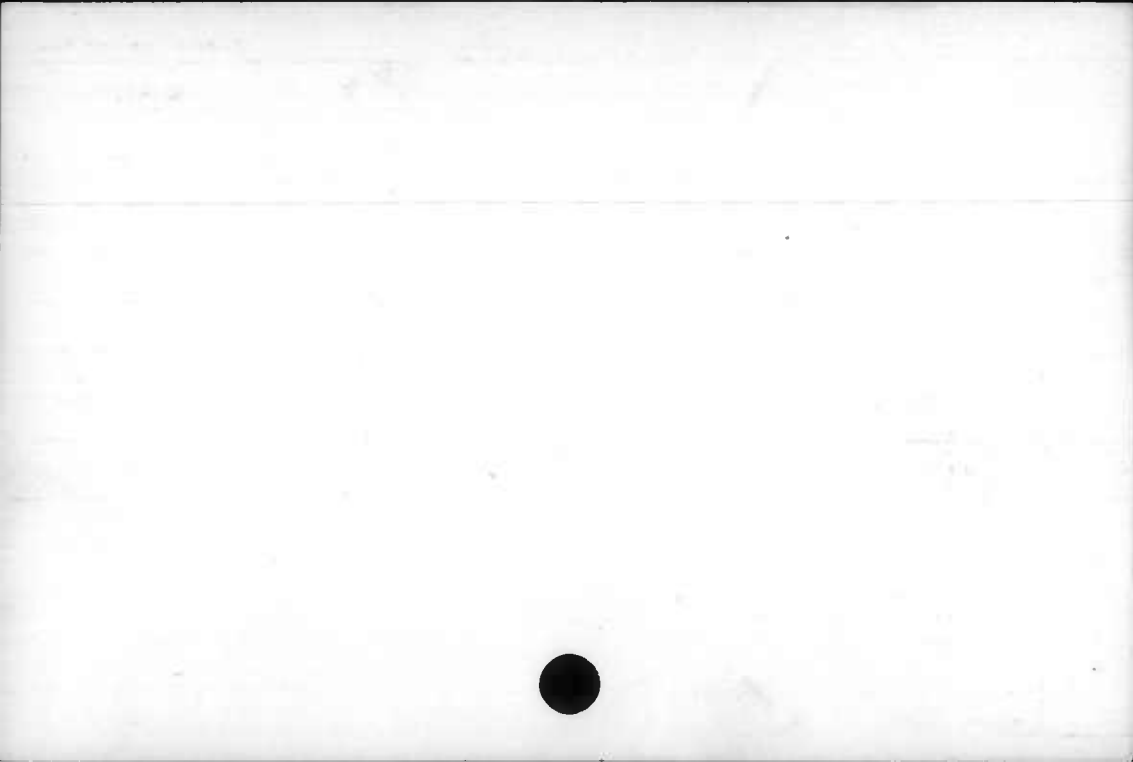
3 mos

24 hrs

W. G. Jackson

Liberty Grove

MD



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Edilton

Town

Md

County

Beech

MARYLAND

Date

of death

1909

Month

April

Day

25

Years

Age

68

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Merchant-Tailor

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Frazer

Father's
Birthplace

Md

Mother's
Maiden Name

Emily Davis

Mother's
Birthplace

Md

Name of person giving
Information

J. L. Evans

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Pneumonia

How long

Several days -

Immediate

Heart Failure

How long

8 or 10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Howard Boulton

Edilton Md

Accident or Suicide

PHYSICIAN
OR CORONER

6

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1. 1. 1.

Name
in
Full

Sarah J. Garrell

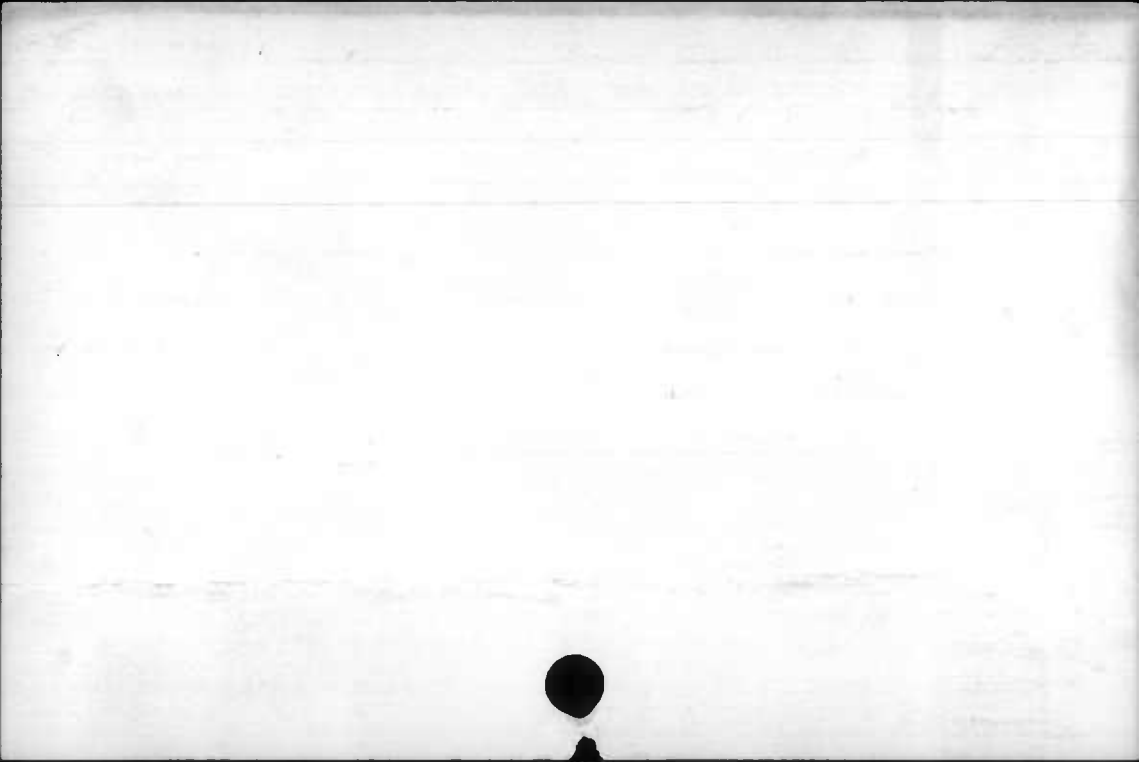
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month		Day		Years	
1909		April		2nd		Age 87	
Sex		Color or Race		Birth-place			
Female		White		Queen Anne Co			
Occupation		Where Residing if not at place of death					
Housewife		North East					
Married, Single or Widowed		Name of Wife or Husband					
Widowed							
Father's Name		Father's Birthplace					
William Arnold		Not known					
Mother's Maiden Name		Mother's Birthplace					
Not known		Not known					
Name of person giving Information		How related to deceased					
Jessie A. Garrell		Granddaughter					

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Dislocation left shoulder. external injuries	How long	5 weeks
Immediate	Injury by fall	How long	
Cardiac Paralysis			
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Theo J. Worrall	
		Address	
		North East - Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nettie Jane Galewood

Town

County

Died at

Cecil Maryland

Cecil

MARYLAND

Date

of death

1909

Month

April

Day

13

Age

Years

—

Months

8

Days

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

Infant

Where Residing if not
at place of death

Maryland

Married, Single
or Widowed

Infant

Name of Wife or
Husband

—

Father's
Name

Benjamin Galewood

Father's
Birthplace

Virginia

Mother's
Maiden Name

Charlotte Hughes

Mother's
Birthplace

Maryland

Name of person giving
Information

Benjamin Galewood

How related
to deceased

Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

one week

Immediate

Cerebral convulsions

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

yes

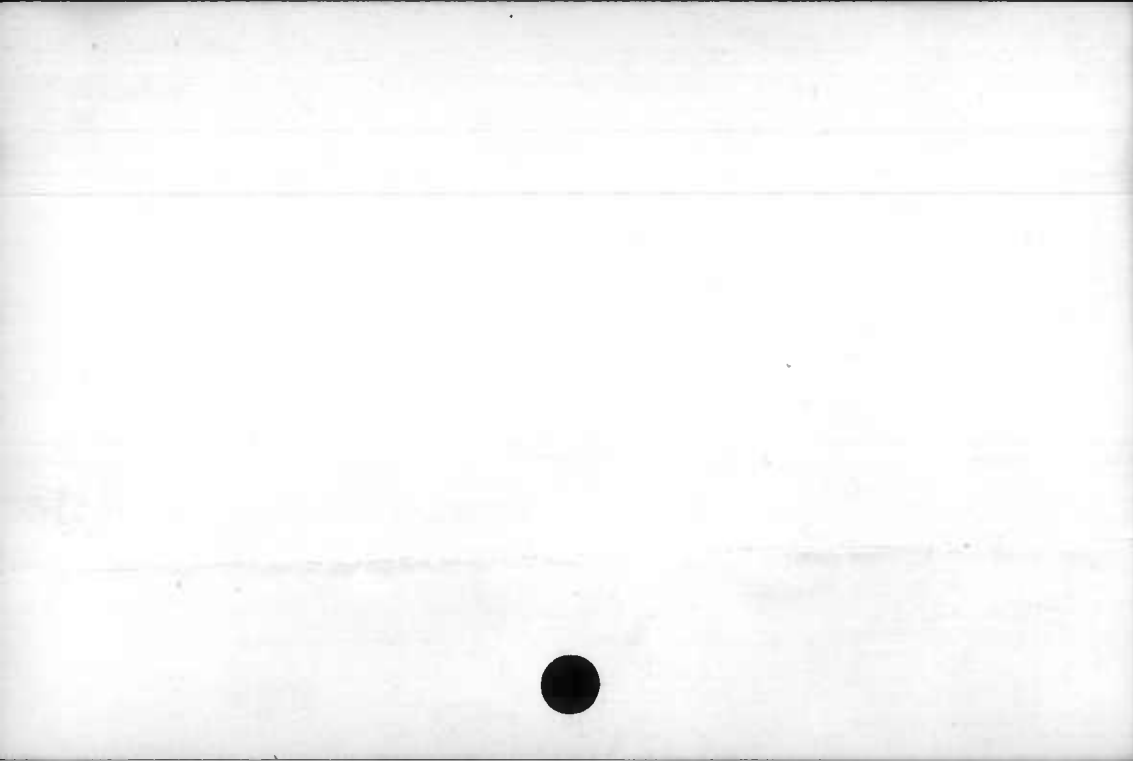
Signature of
Physician

T. J. Conner

Address

Chesapeake Bay
Md

Accident or Suicide



Name
in
Full

Susan Gibbons,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenhurst</i>		Town		County <i>Cecil</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Apr.</i>	Day <i>5</i>	Age <i>90</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Whi</i>		Birth-place <i>Ireland</i>				
Occupation <i>Invalid</i>		Where Residing if not at place of death <i>Greenhurst</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Gibbons</i>						
Father's Name <i>Archibald Ramsey</i>	Father's Birthplace <i>Ireland</i>						
Mother's Maiden Name <i>Ellen Wright</i>	Mother's Birthplace <i>"</i>						
Name of person giving Information <i>Jane Smith</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

66

Primary <i>old age</i>	How long
Immediate <i>Paralysis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J B Sherrill</i>
	Address <i>Rising Sun Md</i>
Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W. Gifford

Town North East County Cecil

Died at

State MARYLAND

Date of death 1909 April 1 Age 78

Sex Male Color or Race White Birth-place Pa

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Catharine Gifford

Father's Name James Gifford Father's Birthplace England

Mother's Maiden Name Ruth Edwards Mother's Birthplace Pa

Name of person giving Information Mary Gifford How related to deceased Daughter

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage

How long 3 7/8

Immediate

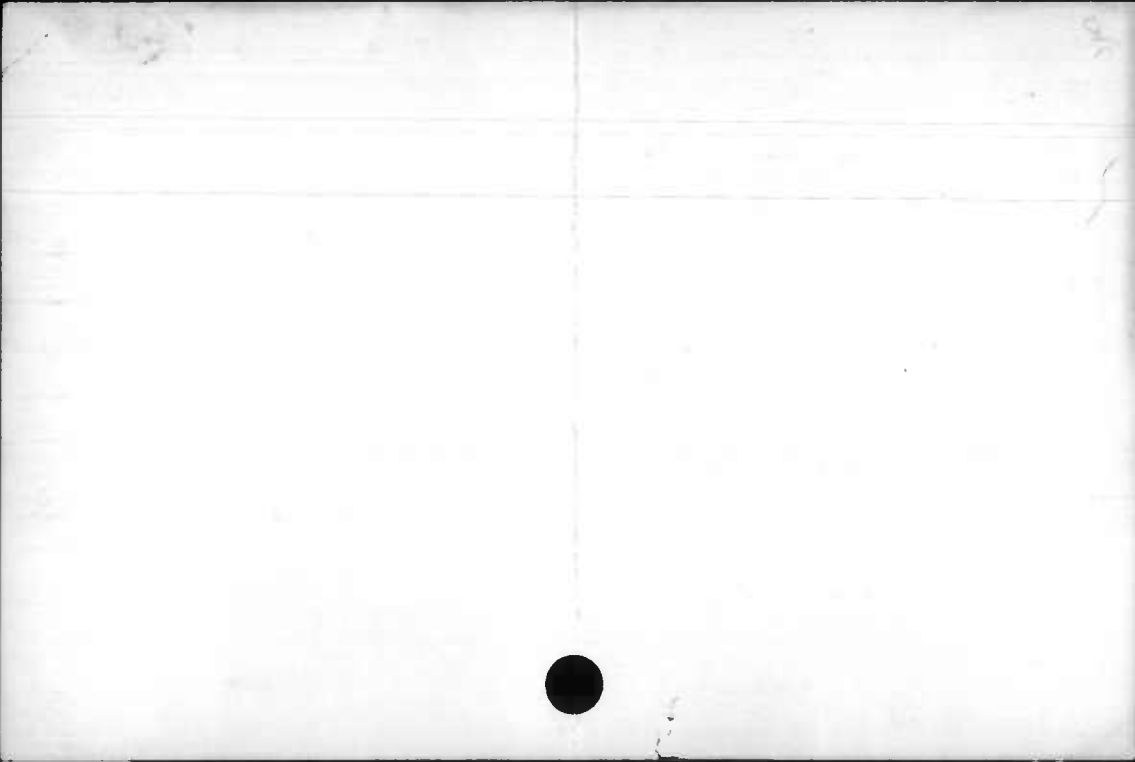
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician [Signature]

Address N. E. [Signature]

Accident or Suicide



Name
in
Full

Eliza Green

7

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

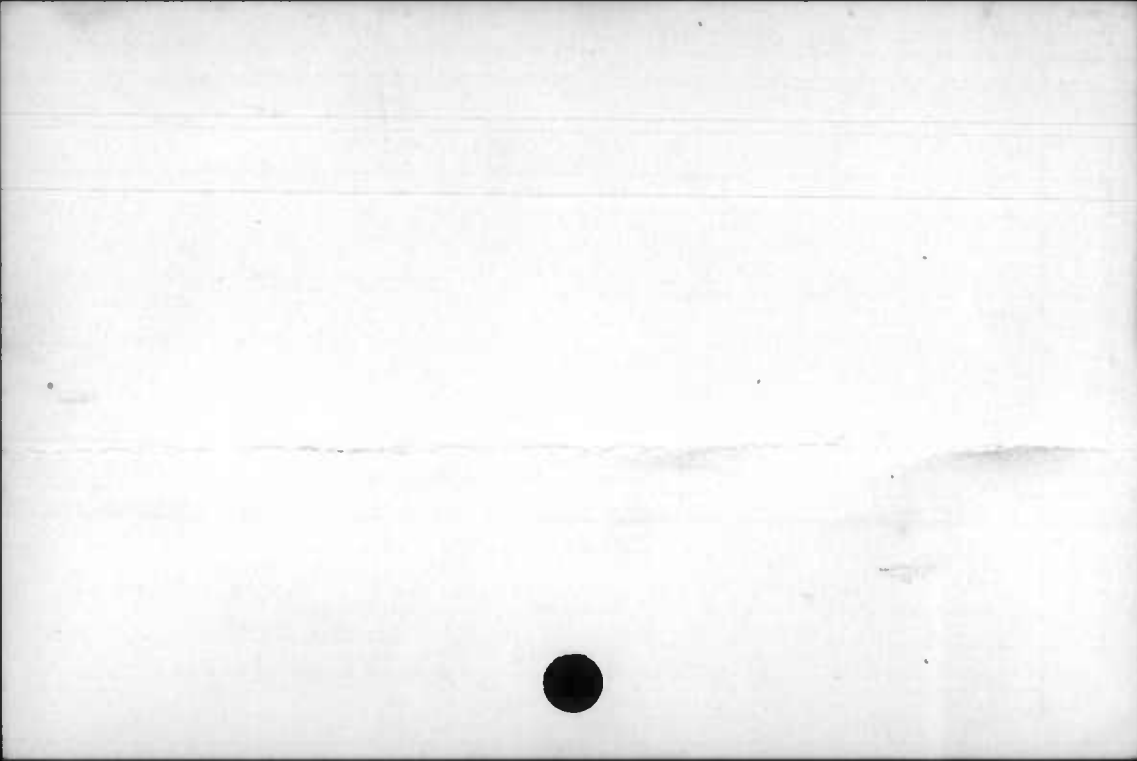
Died at <i>Green Hill</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1909 April</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>75</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Dresden</i>			
Occupation <i>Wm</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Anderson</i>		Father's Birthplace <i>Dresden</i>			
Mother's Maiden Name <i>No Information</i>		Mother's Birthplace			
Name of person giving information <i>John Anderson</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Steadman</i>
	Address <i>Trunk. Lark.</i>
Accident or Suicide?	



Name
in
Full

George H. Haines

CERTIFICATE OF DEATH

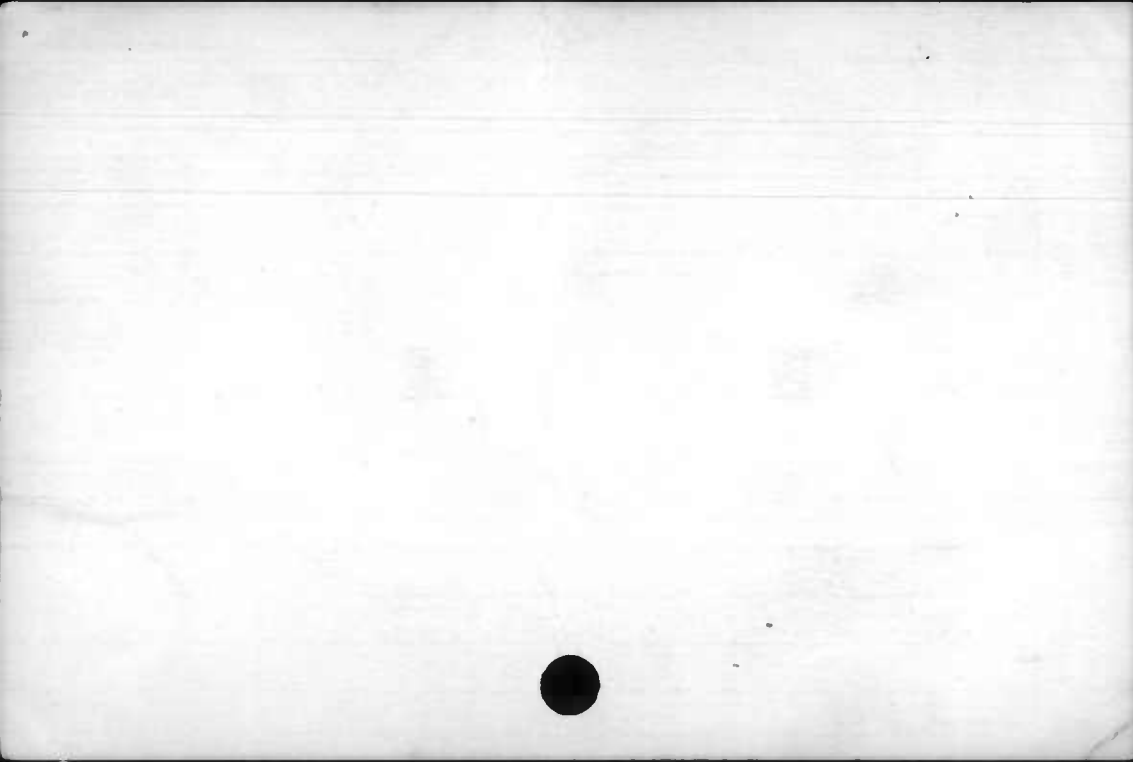
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conowingo</i>		Town		County		MARYLAND	
Date of death	1909	Month	April	Day	25 th	Age	68
Sex		male		Color or Race		- negro	
Occupation		Labor		Birthplace		Hartford Co. Md.	
Married, Single or Widowed		married		Name of Wife or Husband		Adeline Haines	
Father's Name		Josiah Haines		Father's Birthplace		Hartford Co.	
Mother's Maiden Name		Dianna Gipson		Mother's Birthplace		Hartford Co.	
Name of person giving Information		A. C. Hall		How related to deceased		None	

CAUSES OF DEATH

Primary	<i>Rayniss & Complications</i>	How long	<i>10</i>
Immediate	<i>Heart Failure</i>	How long	<i>4005' wks.</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. M. Ragan</i>	
Address		<i>Conowingo Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Mynie B Hamblaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Rising Sun,				Cecil			
Date of death	1909	Month	April	Day	3	Age	22
						Months	7
						Days	14
Sex	Female			Color or Race	White		
Birthplace	Greenland N.Y.						
Occupation	Assist Housekeeper			Where Residing if not at place of death			
				Rising Sun			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Saml. Hamblaton			Father's Birthplace			
				Cecil Co			
Mother's Name	Susan Role			Mother's Birthplace			
				Chesler N.Y.			
Name of person giving Information	Saml Hamblaton			How related to deceased			
				Father			

CAUSES OF DEATH

27

Primary	Tuberculosis		How long	8 mo
Immediate	Exhaustion		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr. Geo. S. Dore	
			Address	
			Rising Sun	
			Md	
Accident or Suicide				

PHYSICIAN
OR CORONER

$$\begin{array}{r}
 1404 \\
 22 \\
 \hline
 1887 \\
 22 \\
 \hline
 1909
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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		<i>Beecil</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>17</i>	Age <i>81</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Bridget Heorn</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>John J. Heorn</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

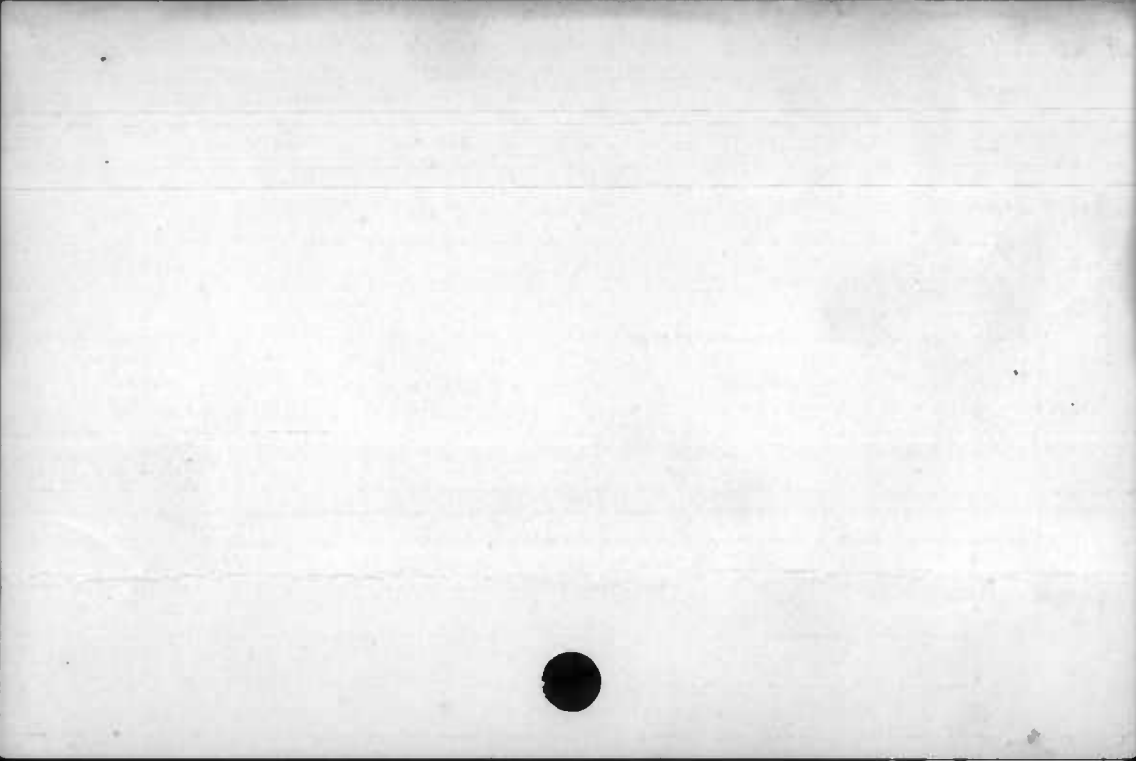
10

PHYSICIAN
OR CORONER

Primary	<i>Asthenia</i>	How long	<i>2 years</i>
Immediate	<i>La Grippe</i>	How long	<i>18 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Carries MD</i>	
<i>Yes</i>		Address <i>Cherry Hill, Md</i>	
Accident or Suicide?			

232

Name in Full		Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cecil Co.		MARYLAND		
		Date of death		1909	April	14	Age	59
		Sex		Female		Color or Race		White
		Occupation		Housewife		Birth-place		Cecil Co., Md.
		Married, Single or Widowed		Married		Where Residing if not at place of death		at place of death
		Father's Name		William Gibson		Father's Birthplace		Cecil Co.
		Mother's Maiden Name		Ellen Owen		Mother's Birthplace		Cecil Co.
Name of person giving information		H. A. Cantrell M.D.		How related to deceased		Wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		La Grippe - Bronchitis, Broncho Pneumonia				5 days		
		Immediate				How long		
		Broncho Pneumonia - Respiratory failure						
		Are the name, age, sex, color, date and place correctly given above?				Yes		
Signature of Physician				H. A. Cantrell				
Address				North East				
Accident or Suicide?				No				



Name
in
Full

Mary Hodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fair Hill* Town *Beecil* County *MARYLAND*

Date of death *1909* Month *April* Day *10* Age *76* Years *3* Months *"* Days *"*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *George Hodge*

Father's Name *Joseph Longhry* Father's Birthplace *Ireland*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving Information *George Hodge* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *3 1/2 yrs*

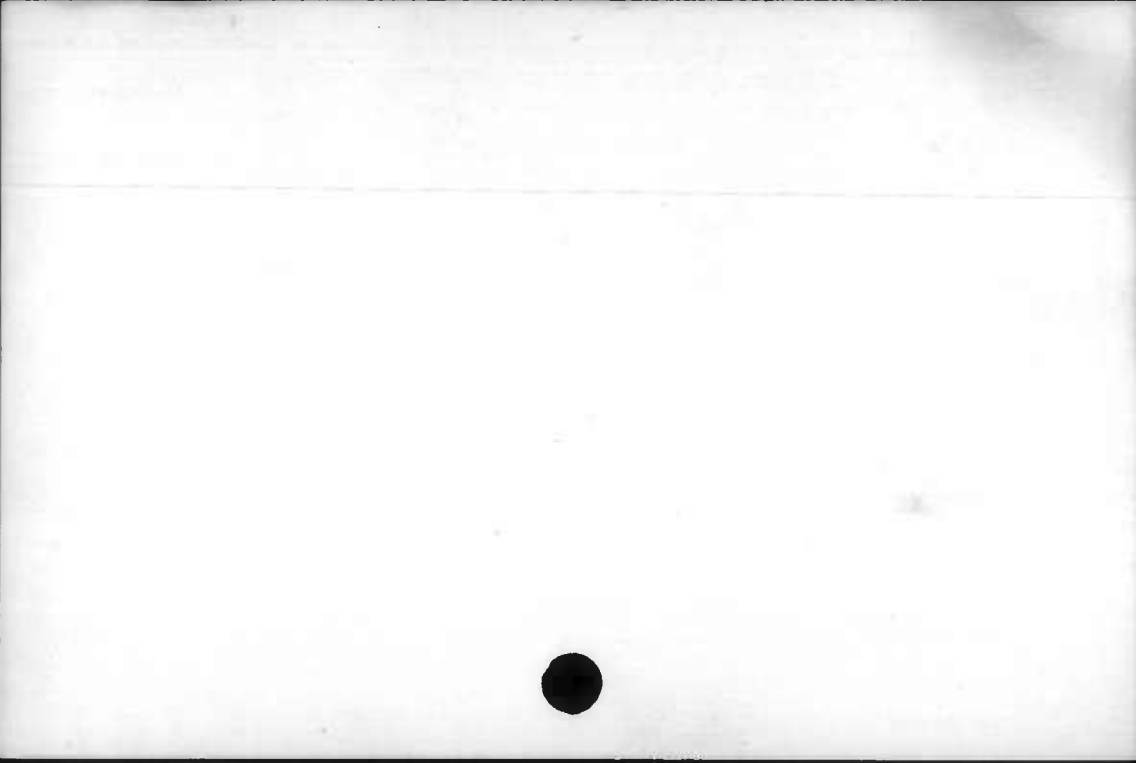
Immediate *La Grippe* How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *O. P. Carrie M.D.*

Address *Cherry Hill, Md.*

Accident or Suicide



Name
in
Full

Martina J. Jaquette
 Town *Elkton* County *Cecil*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 Apr

Month

Day

6

Years

Age

69

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

House work

Where Residing if not
at place of death

Elkton

Married, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Richard Bristow

Father's
Birthplace

Md

Mother's
Maiden Name

Anna Robinson

Mother's
Birthplace

Md

Name of person giving
Information

Emma Jaquette

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Apoplexy

How long

64

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Wm. H. Hawley
Elkton
 Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Narry O Johnson* Town *Port-Heposit* County *Essex* MARYLAND

Died at *Port-Heposit* Date of death *1909* Month *april* Day *13* Age *60* Years *Martha* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Atlanta Ga*

Occupation *cook* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Johnson*

Father's Name *John Kemmard* Father's Birthplace *Harford Co*

Mother's Maiden Name *Sarahne Halfield* Mother's Birthplace *Lower West*

Name of person giving Information *Fela Johnson* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *2 years*

Immediate *Congestion of Lungs* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H O Clemons* Address *Port Deposit*

Accident or Suicide *No*

Coburn



Name
in
Full

Daniel Adams Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

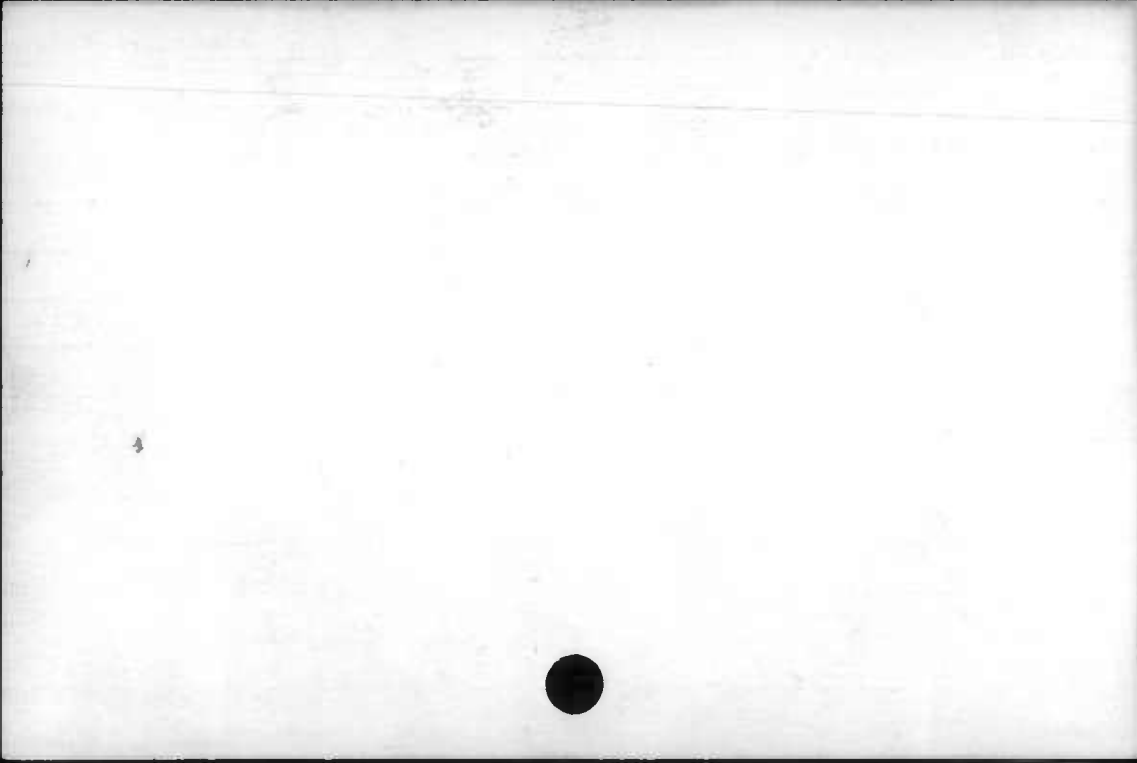
Died at		Town Cecilston		County Cecil		MARYLAND	
Date of death		1909	Month April	Day 25	Age 74	Months 0	Days 18
Sex Male		Color or Race White		Birth-place Sussex, Co. Del			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Virginia Etherington Jones					
Father's Name		Robt. Beechman Jones				Father's Birthplace Sussex, Co. Del	
Mother's Maiden Name		Margaret Adams				Mother's Birthplace Unknown	
Name of person giving Information		Rev. Elmer E. Jones				How related to deceased Son.	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long all winter
Immediate	Broncho Pneumonia	How long Nine days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. W. Crawford
		Address Cecilston Md
Accident or Suicide		



Name
in
Full

Eleanore June

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Perryville ^{Town} Price ^{County} **MARYLAND**

Date of death 190 7 ^{Month} April ^{Day} 23 Age 2 ^{Years} months ^{Months} 2 ^{Days}

Sex Female Color or Race Bronchitis Birth-place Perryville

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name A. J. Jones

Father's Birthplace Stencksburg Pa

Mother's Maiden Name Adeline Love

Mother's Birthplace u u

Name of person giving Information A. J. Jones

How related to deceased Father

CAUSES OF DEATH

90

Primary Bronchitis How long one month

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. H. H. Hunt

Address Perryville Md

Accident or Suicide

PHYSICIAN
OR CORONER

Schuchroffner Pa—

Name
in
Full

Francis Kerr
Town Elston County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 apr

Month

Day

22

Age

Years

58

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Ireland

Occupation

Tailor

Where Residing if not
at place of death

Elston

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rebecca Kerr

Father's
Name

unknown

Father's
Birthplace

—

Mother's
Maiden Name

unknown

Mother's
Birthplace

—

Name of person giving
Information

Francis Kerr

How related
to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy
Exhaustion

How long

4 weeks

Immediate

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm D Cawley
Elston

Address

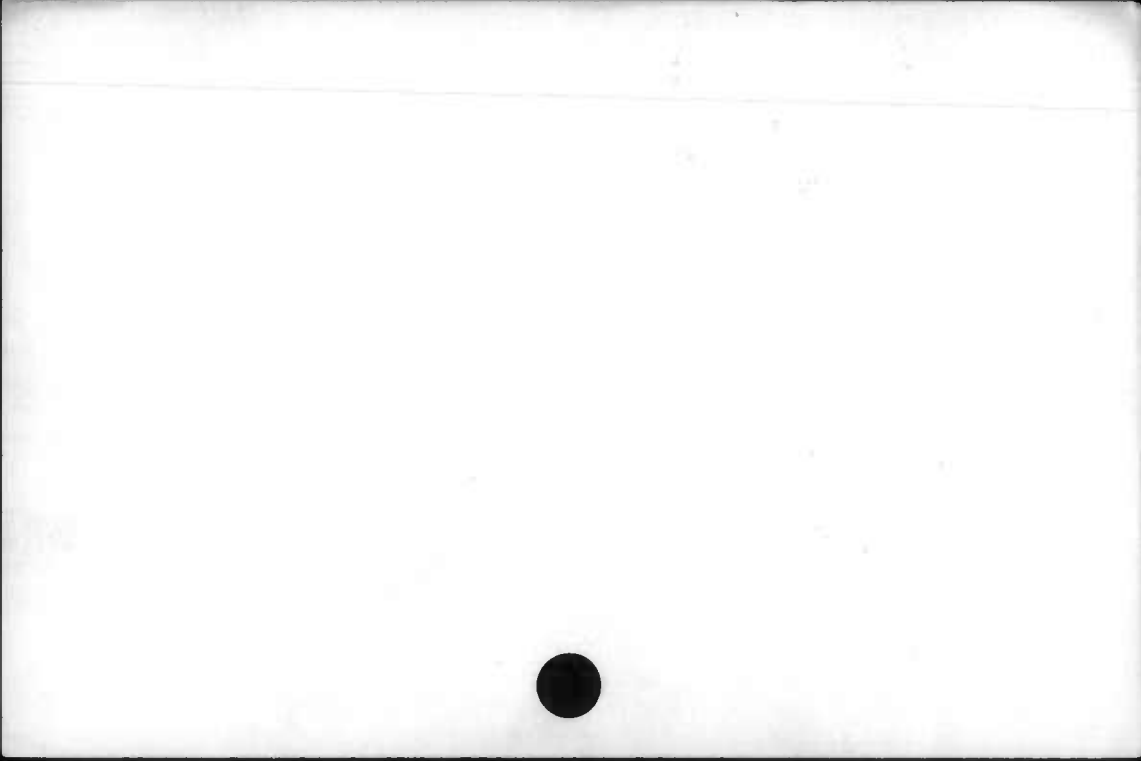
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James H. Laney

Town

Theodore

County

Cecil

MARYLAND

Date

of death

1909

Month

April

Day

2

Years

Age

52

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Philadelphia

Occupation

Painter

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rebecca Lang

Father's
Name

James Laney

Father's
Birthplace

Philadelphia

Mother's
Maiden Name

Kate Brink

Mother's
Birthplace

"

Name of person giving
Information

Rebecca Laney

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Heart

How long

2 months

Immediate

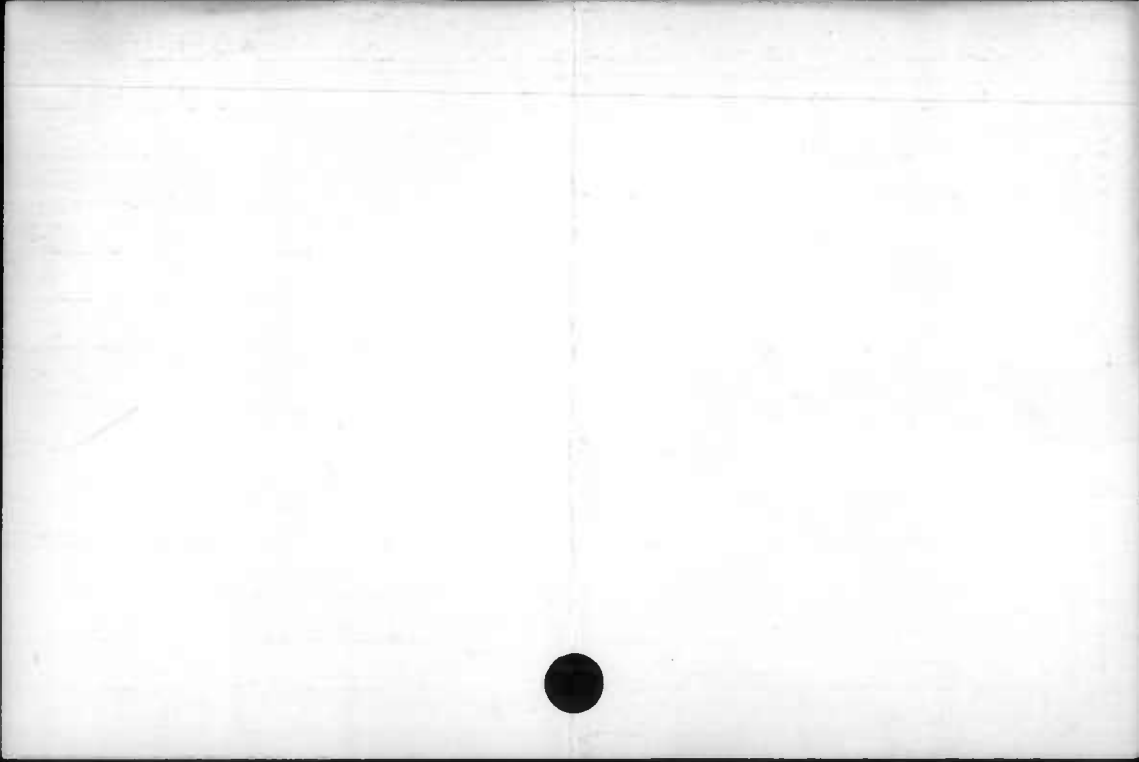
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. H. Hunsicker
N. E.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eun Lilly Town *North East* County *Cecil* MARYLAND

Died at *North East*

Date of death 190 *9* Month *4* Day *5* Age *13* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *North East*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *C. F. Lilly* Father's Birthplace *North East*

Mother's Maiden Name *Agnes Neal* Mother's Birthplace *North East*

Name of person giving information *C. F. Lilly* How related to deceased *Father*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

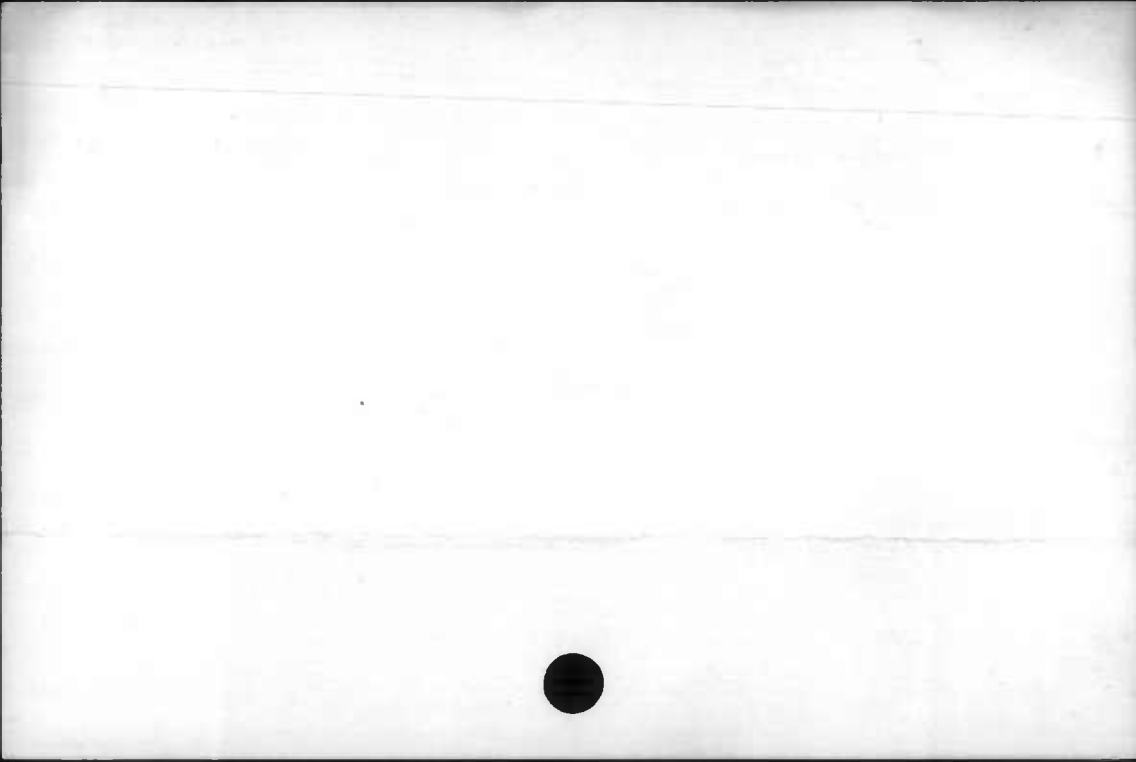
Primary *Struck by cars* How long *Immediate*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James H. Hays* Address *Extra Md*

Accident or Suicide *Accident*



Name
in
Full

Mary Jane Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

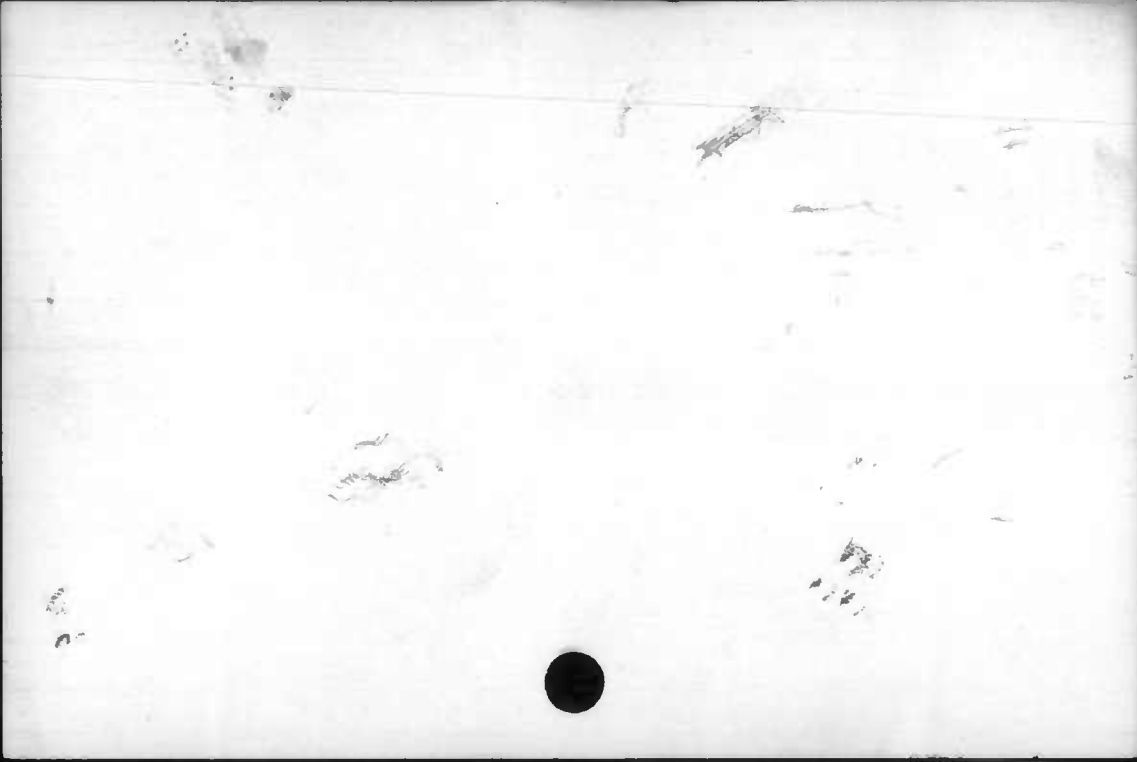
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	5	72		10	25
Sex	Female		Color or Race	white		Birth-place	Baltimore Md
Occupation	Housewife		Where Residing if not at place of death		Leonowings Md		
Married, Single or Widowed	married		Name of Wife or Husband	Wm R. Love			
Father's Name	— M. Curdy				Father's Birthplace	Unknown	
Mother's Maiden Name	Jillie Duismore				Mother's Birthplace	Not Known	
Name of person giving Information	Wm R. Love				How related to deceased	Husband	

CAUSES OF DEATH

Primary	Diabetes mellitus	How long	2 yrs
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo W Gillespie M.D.
		Address	Pleasant Grove Pa
Accident or Suicide			

PHYSICIAN
OR CORONER

e



Name
in
Full

Mary Elizabeth Davis

+

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cayotts ^{Town} Cecil ^{County} **MARYLAND**

Date of death 1909 ^{Month} 4 ^{Day} 10 ^{Years} 76 ^{Months} 10 ^{Days} 12

Sex Female Color or Race White Birthplace Elk Lick

Occupation House Keeper Where Residing If not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Pierie

Father's Name Lewis B. Winter Father's Birthplace Elk Lick

Mother's Maiden Name Elizabeth Beebe Mother's Birthplace Don't know

Name of person giving Information Mrs. George Lum How related to deceased Daughter

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 25 Years

Immediate General weakness & debility How long 3 months

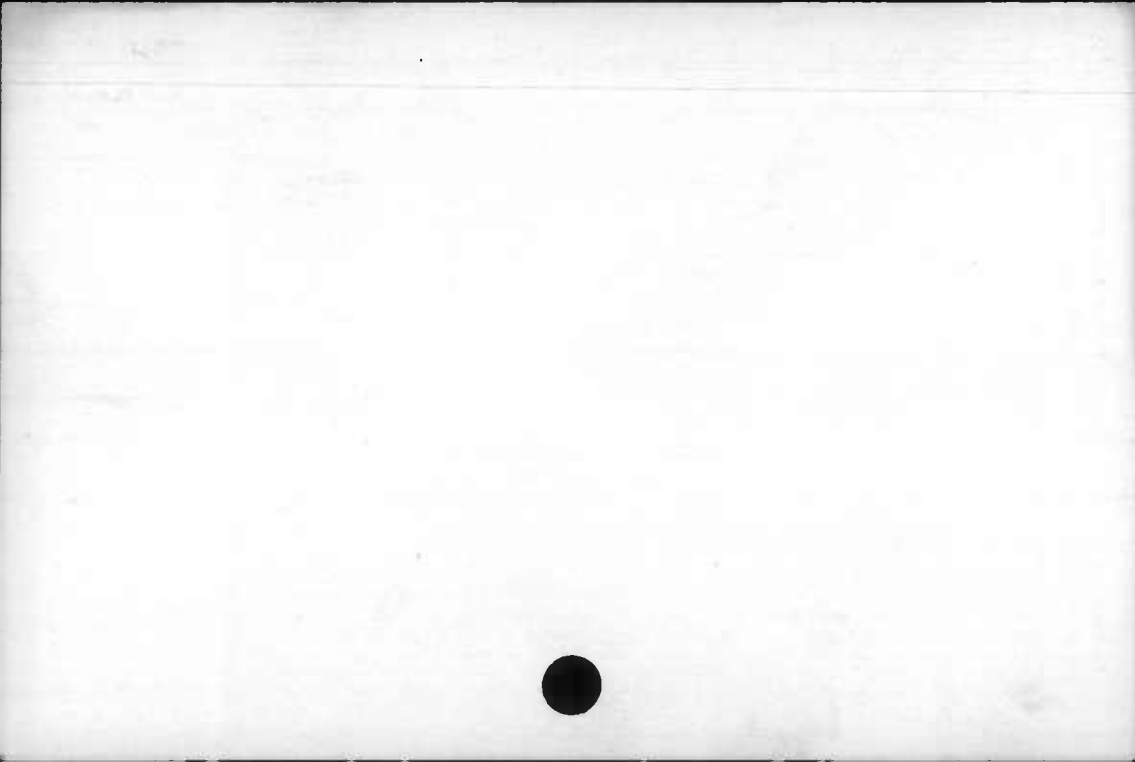
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Phyllis O. Law, M.D.
Chesapeake City, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

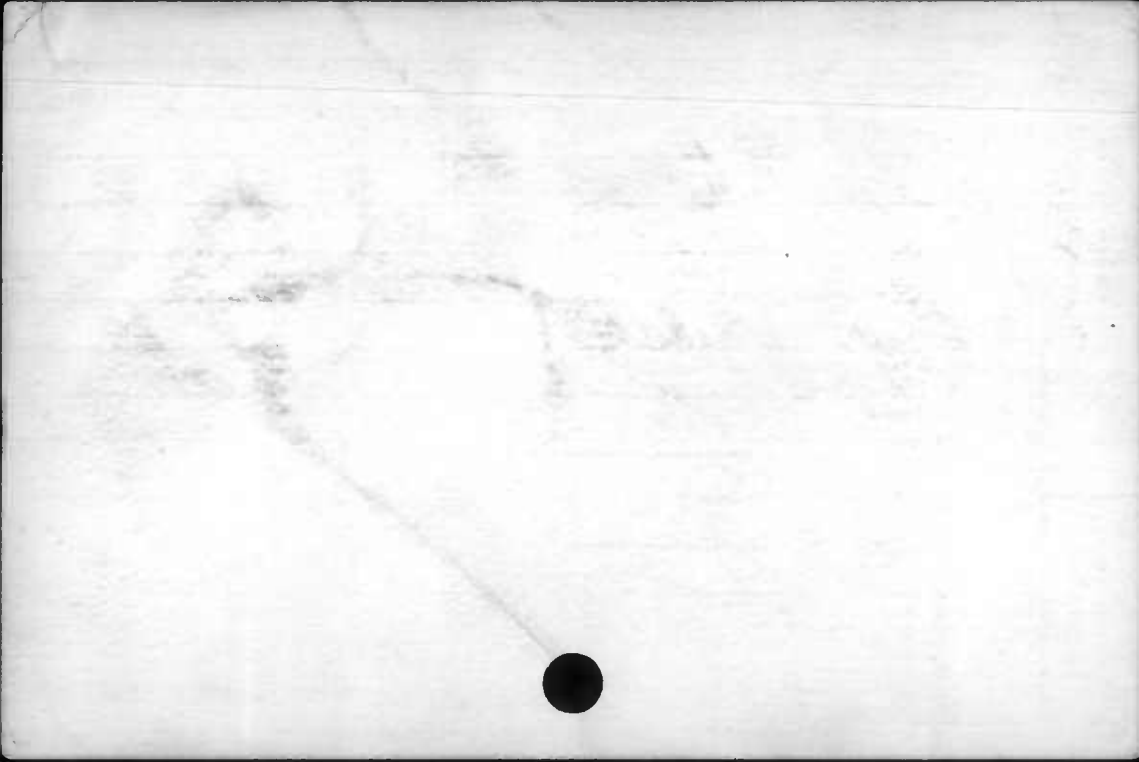
Died at <i>Near Earleville</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>4</i>	Day <i>5</i>	Age <i>76</i>	Years <i>10</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>			
Occupation <i>Housework</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Pippin</i>					
Father's Name <i>Robert Robinson</i>		Father's Birthplace <i>Cecil Co.</i>					
Mother's Maiden Name <i>Anne E. Williamson</i>		Mother's Birthplace <i>Cecil Co.</i>					
Name of person giving Information <i>Jennie Pippin</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Sa Grippe</i>	How long <i>3 days</i>
Immediate <i>Catarrhal Bronchitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Crawford</i>
	Address <i>Bechtown Md</i>
Accident or Suicide	



Name
in
Full

Hiram J. Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Exton ^{County} ecil **MARYLAND**Date of death 190 ^{Month} 9 ^{Day} 4 ^{Years} 18 Age 19 ^{Months} — ^{Days} —Sex Male Color or Race White Birth-place ExtonOccupation Laborer Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or HusbandFather's Name Wm H. Purnell Father's Birthplace ecil Co' MdMother's Maiden Name Sarah E. Heath Mother's Birthplace " " "Name of person giving Information Wm H. Purnell How related to deceased Father

CAUSES OF DEATH

Primary Killed by Cars

How long

Immediate Yes

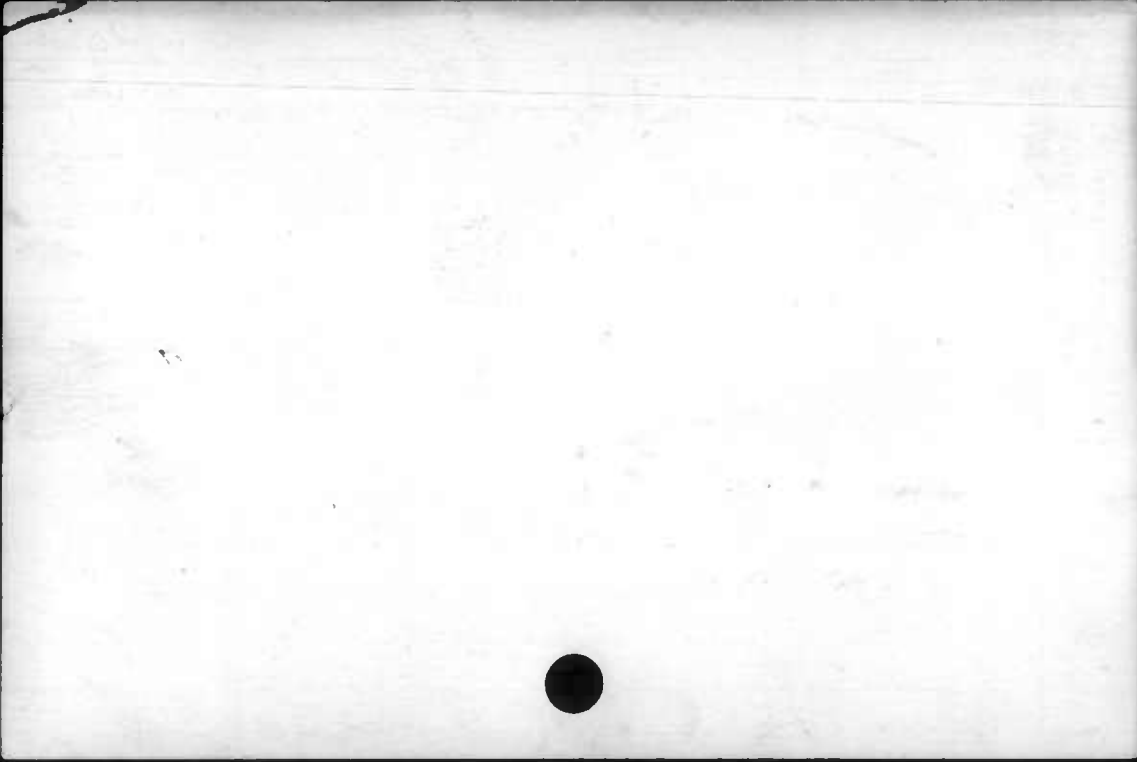
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide AccidentPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Colera* Town *Beel* CountyDate of death 190 *9* Month *Apr* Day *22* Age *51* Years Months DaysSex *female* Color or Race *white* Birth-place *Beel Co Md*Occupation *Housewife* Where Residing if not at place of death *at home*Married, Single or Widowed *Married* Name of Wife or Husband *John J Reynolds*Father's Name *Samuel Reynolds* Father's Birthplace *Beel Co*Mother's Maiden Name *Susan McVey* Mother's Birthplace *" "*Name of person giving Information *John J Reynolds* How related to deceased *Husband*

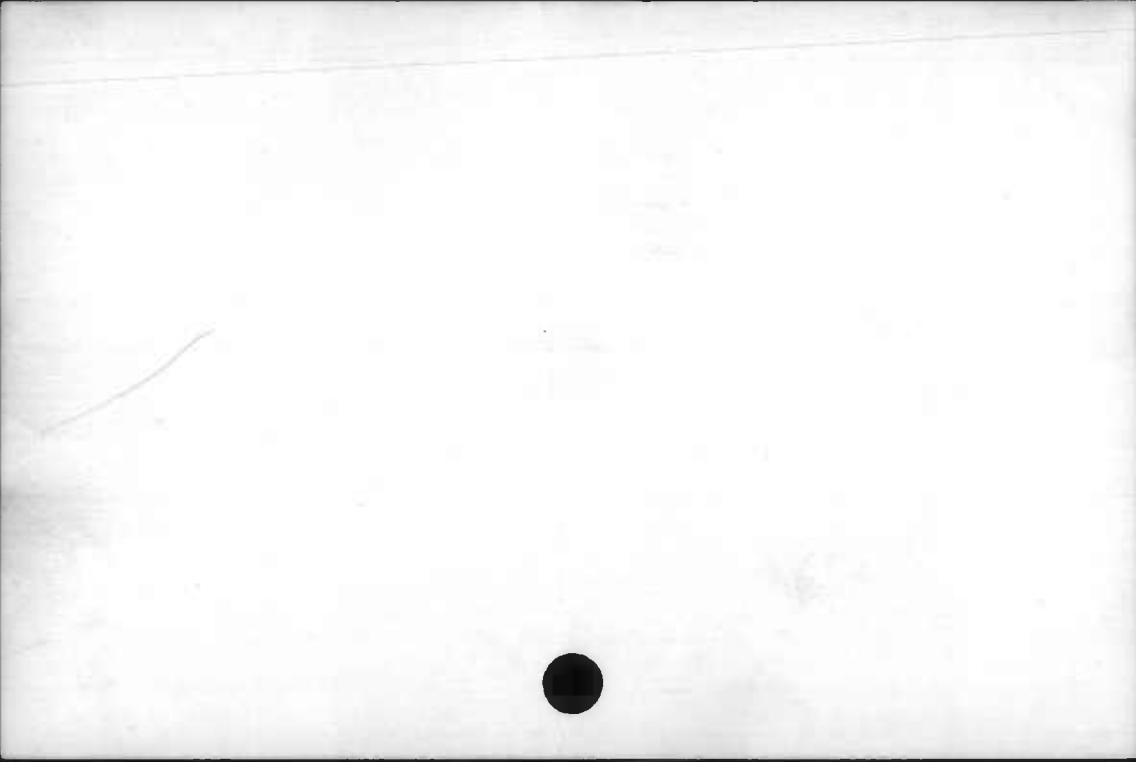
CAUSES OF DEATH

79

Primary *Cordic Hypertrophy* How long *6 mo.*
Immediate *Exhaustion* How long *-*Are the name, age, sex, color, data and place correctly given above? *y r o i*Signature of Physician *Ernest Rowland*Address *Liberty Grove Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Edward V. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Near Earleville Ches
Town County

MARYLAND

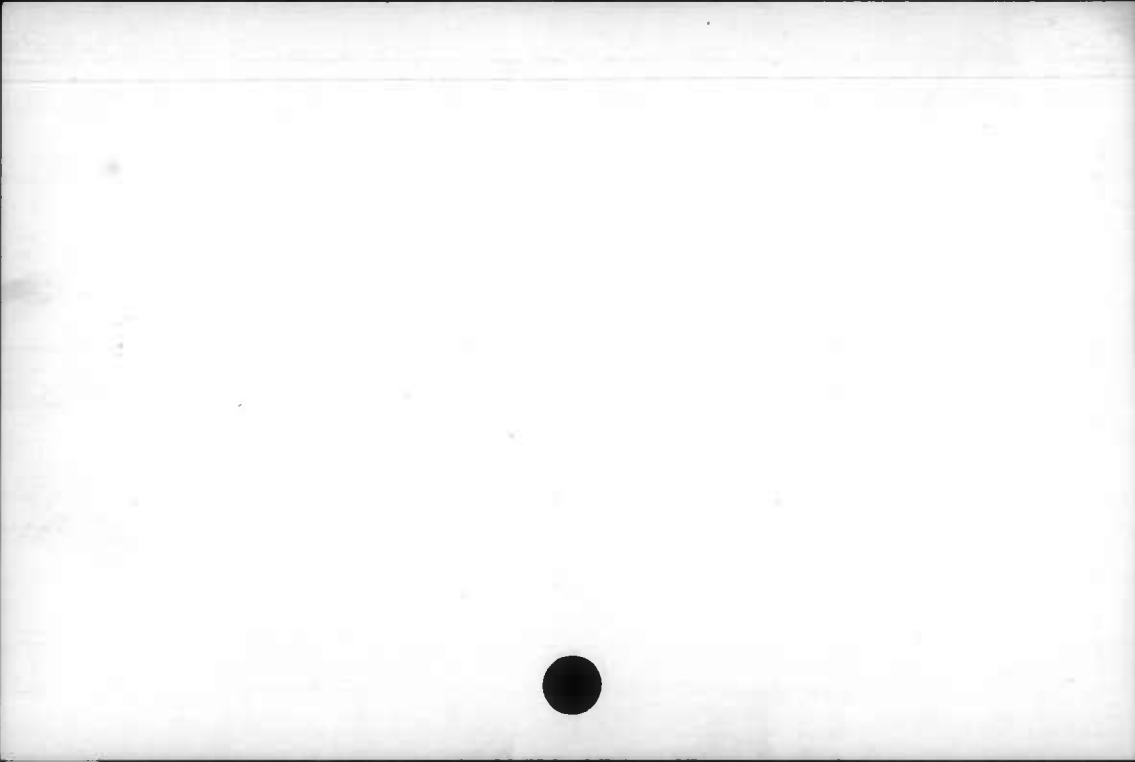
Date of death 1909 4 8 —
Month Day YearSex, Male Color or Race Colored Birthplace Cecil Co., Md.
Month DaysOccupation — Where Residing if not at place of death —Married, Single or Widowed Name of Wife or Husband —Father's Name George R. StanleyFather's Birthplace Kent Co., Md.Mother's Maiden Name Pinky ConnersMother's Birthplace Kent Co., Md.Name of person giving Information Geo. R. StanleyHow related to deceased Father

CAUSES OF DEATH

92
How long

Primary

Immediate Bronchial PneumoniaHow long Five daysAre the name, age, sex, color, date and place correctly given above? yeSignature of Physician R. M. BlackAddress Cecil Co., Md.Accident or Suicide —PHYSICIAN
OR CORONER



Name
in
Full

Maria C. Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

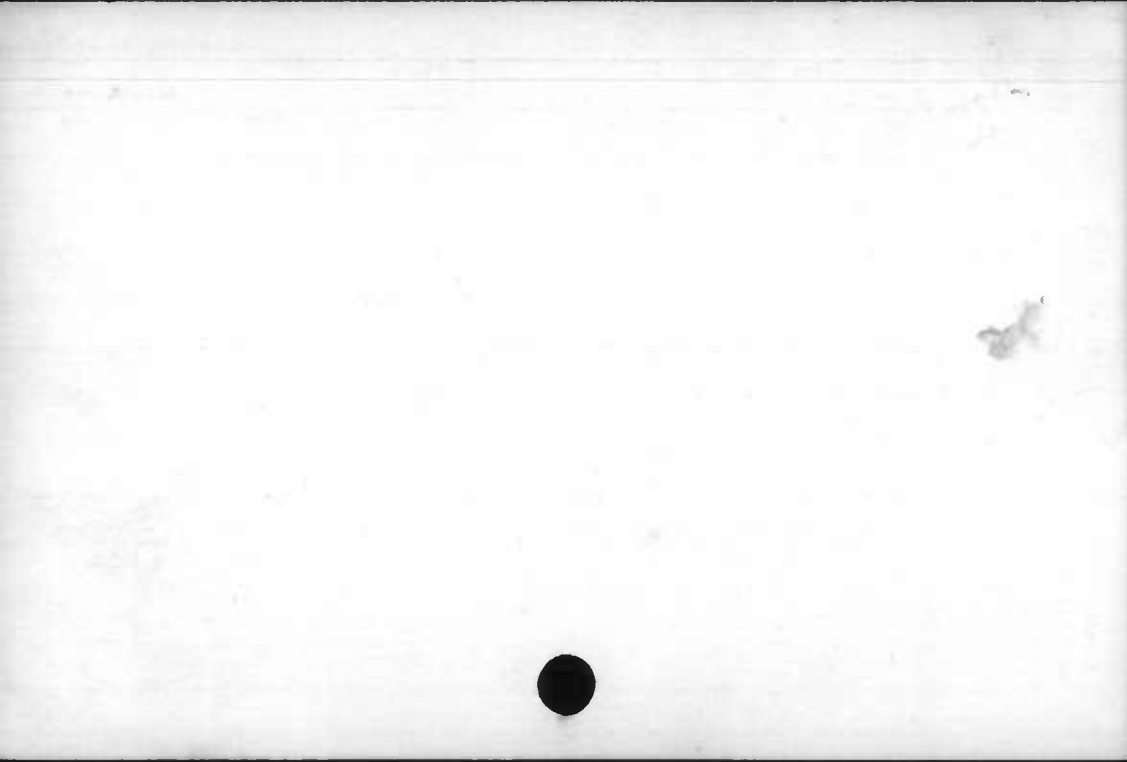
Died at		Town <i>Harwich</i>		County <i>Cecil</i>		MARYLAND	
Date of death		190	9	Month	Apr.	Day	1 st
Age		65		Years		Months	Days
Sex		<i>Female</i>		Color or Race		<i>White</i>	
Occupation		<i>Hub.</i>		Where Residing if not at place of death		<i>Harwich, Md.</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Chas. B. Sutton</i>					
Father's Name		<i>George Thompson</i>				Father's Birthplace <i>Port Deposit, Md.</i>	
Mother's Maiden Name		<i>Sarah Carring</i>				Mother's Birthplace <i>Port Deposit, Md.</i>	
Name of person giving Information		<i>Blanche C. Sutton</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

93

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. A. Ritchie</i>	
<i>Yes</i>		Address <i>Middle town</i>	
Accident or Suicide <i>-</i>		<i>Shel.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Wachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Blythedale* Town *Cecil* County

Date of death 1909 / 4 / 9 Age 33 Years Months Days

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Julius Wachter*

Father's Name *Unknown* Father's Birthplace

Mother's Maiden Name *Unknown* Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 1/2 months*

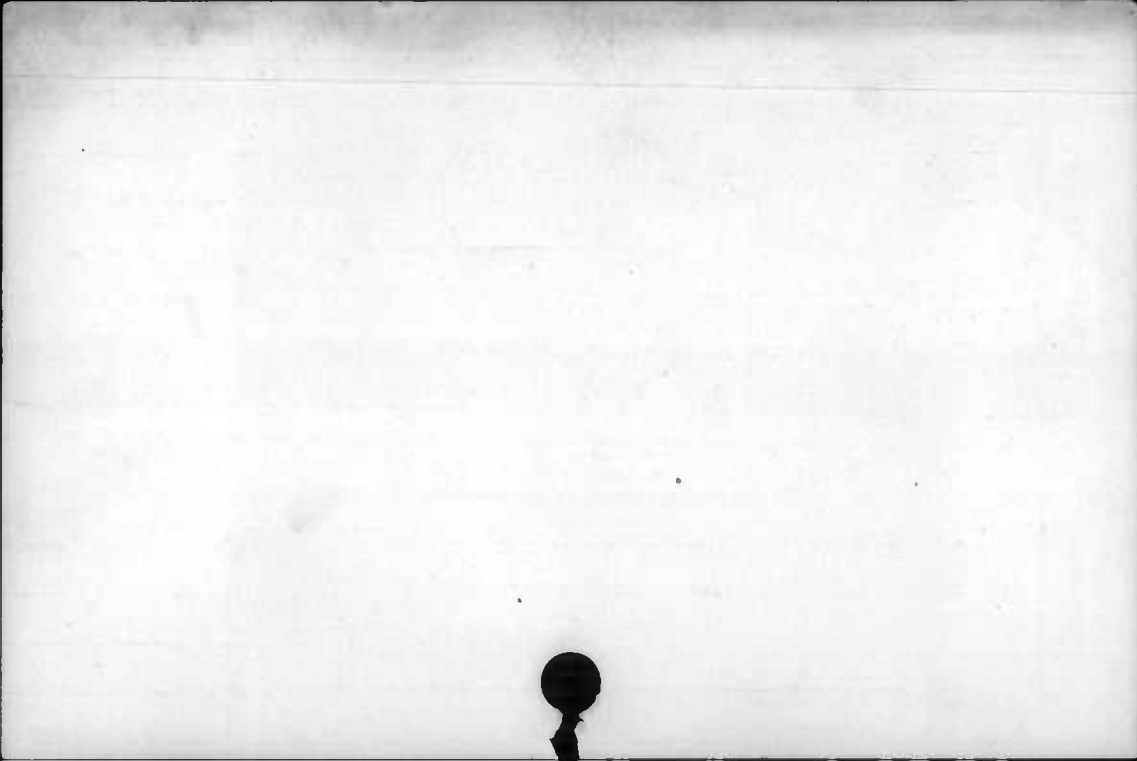
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. W. Stamp*

Address *Perryville Md*

Accident or Suicide?



Name
in
Full

Norman Steele Will

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

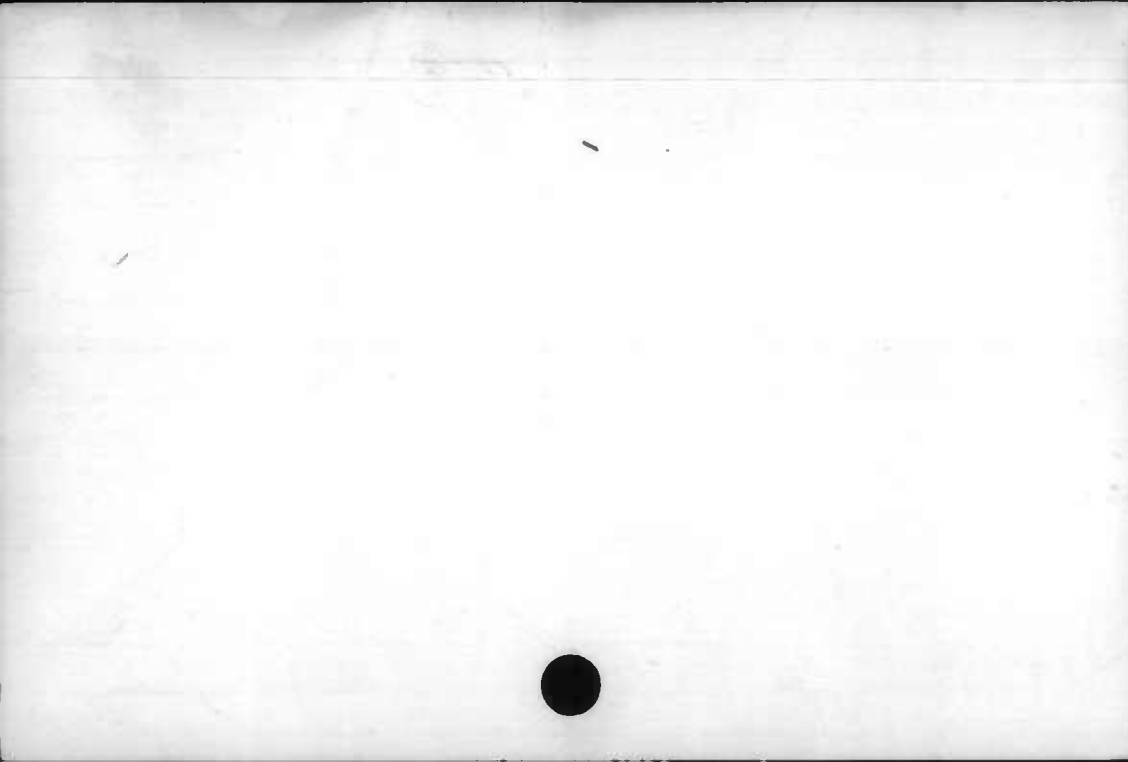
Died at		Rowlandville		Cecil		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		April	10	70		6	8
Sex		Male		Color or Race		White	
Occupation		Fisherman		Birth-place		Washington D.C.	
Where Residing if not at place of death		At his home					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Carrie J. Will	
Father's Name		Samuel Will		Father's Birthplace		Unknown	
Mother's Maiden Name		Elizabeth Will		Mother's Birthplace		Unknown	
Name of person giving Information		May Will		How related to deceased		Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	10 hours
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ernest Rowland	
Address		Liberty Grove Md	
Accident or Suicide			



Name
in
Full

Caleb E Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

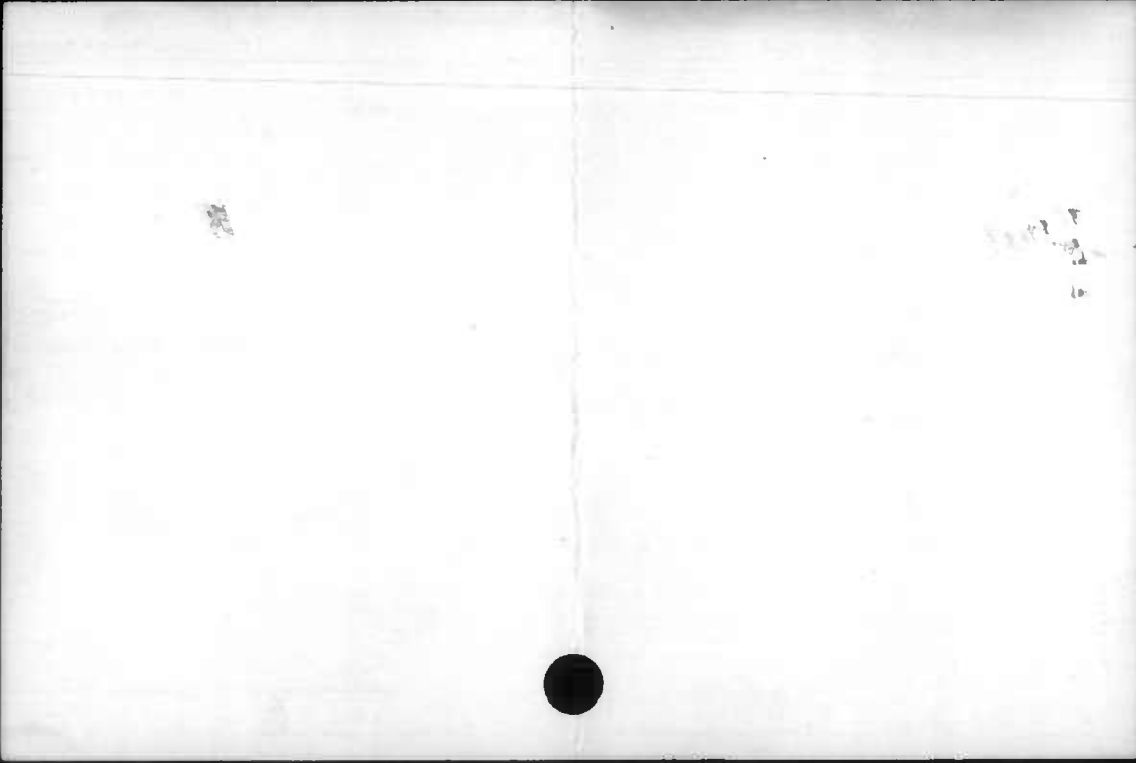
Died at		Town <i>Theodore</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		4	12	74			
Sex		Color or Race		Birthplace			
<i>Male</i>		<i>White</i>		<i>Cecil Co Md</i>			
Occupation				Where Residing if not at place of death			
<i>Not any</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Widowed</i>		<i>Sarah Williams</i>					
Father's Name		Father's Birthplace					
<i>Green Williams</i>		<i>Cecil Co Md</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Sarah Edmondson</i>		<i>" "</i>					
Name of person giving Information		How related to deceased					
<i>Sarah Isaac</i>		<i>Sister</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 or 3 days</i>
Immediate	<i>Heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>[Signature]</i>	
		Address	
		<i>[Signature]</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

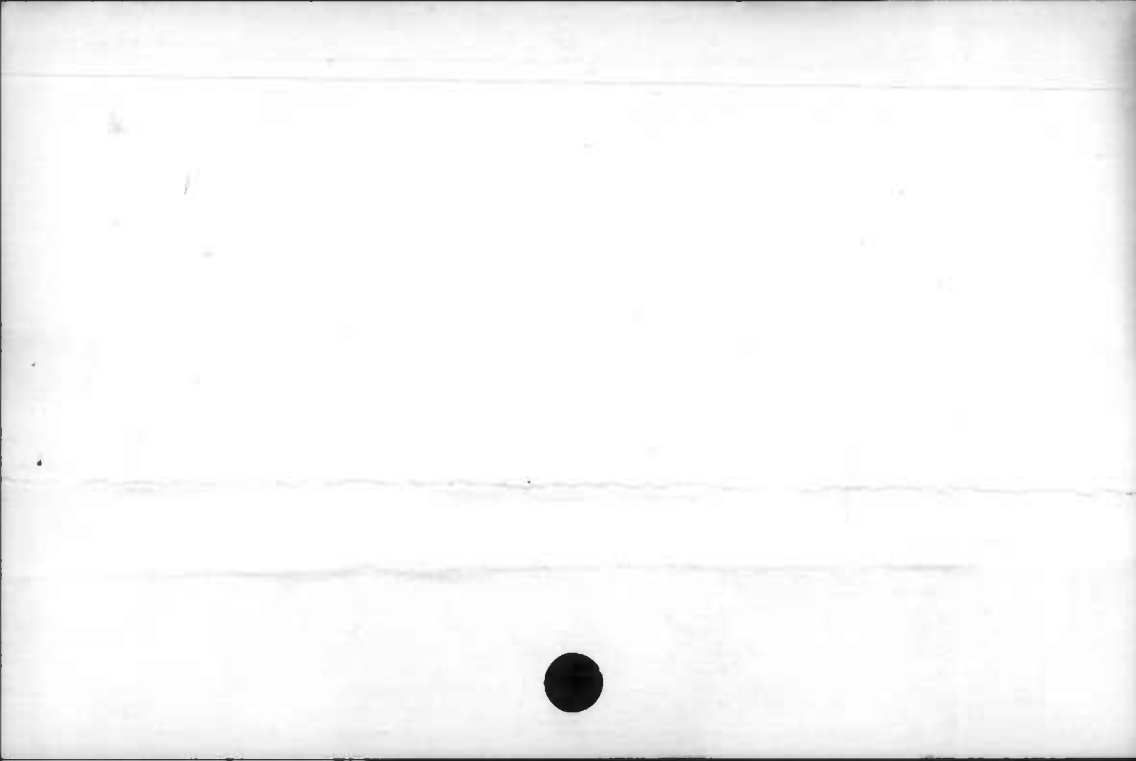
Died at <i>Near Calvert</i>		Town <i>Calvert</i>		County <i>St. Mary's</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>Apr.</i>	Day <i>9</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Calvert</i>			
Occupation <i>No.</i>		Where Residing if not at place of death <i>Near Calvert</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>No.</i>					
Father's Name <i>William J. Wilson</i>		Father's Birthplace <i>Near Sylmar, Md.</i>					
Mother's Maiden Name <i>Ada Ruth Pyle</i>		Mother's Birthplace <i>Cecil Co. Md.</i>					
Name of person giving Information <i>Wm. J. Wilson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Do</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. H. Richardson</i>
	Address <i>King Run</i>
Accident or Suicide	<i>M.D.</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

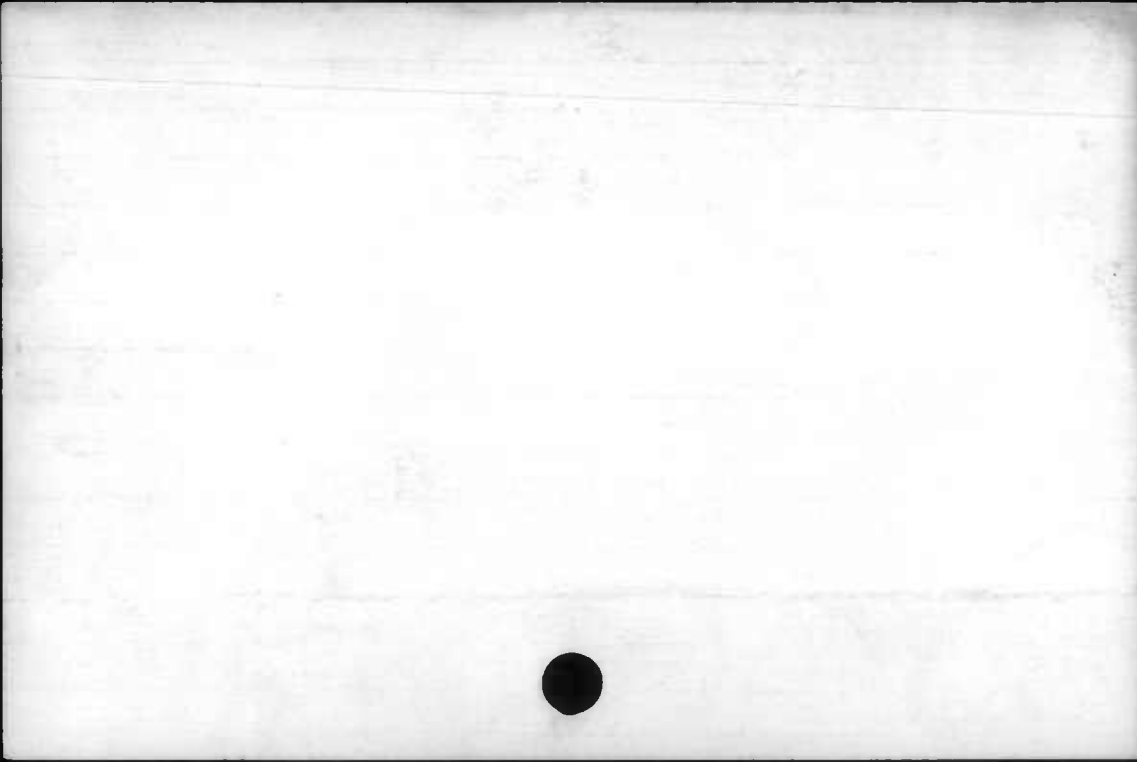
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Jane Wood</i>		Town <i>Charlestown</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at		Month <i>4</i>		Day <i>15</i>		Years <i>81</i>	
Date of death <i>1909</i>				Age <i>81</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Pennsylvania</i>			
Occupation <i>Barman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jos F. Wood</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Isabella Robinson</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving Information <i>H. S. Davis</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Hager</i>
	Address <i>Exton Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	190 <i>9</i> Month	<i>15</i> Day	Age <i>71</i> Years	<i>10</i> Months	<i>-</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Taxidermist</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>anne a Wood</i>				
Father's Name <i>William S Wood</i>	Father's Birthplace <i>England</i>		Mother's Birthplace <i>England</i>		
Mother's Maiden Name <i>Sophia Shephard</i>	Name of person giving Information <i>anne a Wood</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General break down</i>	How long
Immediate <i>Heart failure</i>	How long <i>Six years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E J Hamrick</i>
	Address <i>North East Md</i>

